

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

L.T AND M.T. by their parent Jeffrey N. Thomas,
JEFFREY N. THOMAS as parent of L.T and M.T.;
T.L., B.L., R.L., A.L. by their parent Karen
LeClair; KAREN LECLAIR as parent of T.L.,
B.L., R.L., A.L.; J.S. by his parent Danielle
Schipano; DANIELLE SCHIPANO as parent of
J.S.; B.P by his parent Andrea Penamora,
ANDREA PENAMORA as parent of B.P.; E.W. by
her parent Joseph Whitehead; and JOSEPH
WHITEHEAD as parent of E.W.

Plaintiffs,

vs.

Civil Action No.: 1:21-cv-1034 (LEK/DJS)

Declaration of Nicholas Kardaras

HOWARD A. ZUCKER, in his official capacity
and in his individual capacity,

Defendant.

Declaration of Nicholas Kardaras

Nicholas Kardaras, Ph.D., pursuant to 28 U.S.C. §1746, declares that:

1. I am the Chief Clinical Officer of Omega Healthcare, a national mental health treatment program for young adults and have clinically worked with over 2,000 teens and young adults during the last 20 years. I am considered one of the country's top experts on child, teen and young adult mental health.

2. I have firsthand personal knowledge of the facts set forth below and could competently testify about them if called as a witness.
3. Based on my education, training, experience, and ongoing review of the academic literature, it is my professional opinion that wearing masks is psychologically and developmentally damaging to children and teens.

Professional Background

4. I have a BS from Cornell University, an MSW from Stony Brook and a Ph.D. in psychology from Sofia University. I was a faculty member at Stony Brook School of Medicine for 8 years, had worked as a school social worker for 15 years, have run treatment clinics for over 10 years. Attached hereto as **Exhibit A** is a true and accurate copy of my *Curriculum Vitae*.
5. In addition to my positions with Omega Healthcare and Stony Brook, I am also the author of “Glow Kids”, the seminal book on the impacts of screen time (both in pedagogical/educational settings as well as the clinical impacts of excessive screen time in general) and which contained over 200 peer reviewed studies. I have been keynote speaker at numerous national mental health and education conferences and I have also been certified and testified as an expert witness on multiple occasions in New York State Supreme Court.
6. I’ve written for *TIME Magazine*, *Scientific American*, *Psychology Today*, *Salon*, *The NY Daily News*, *the NY Post*, and *FOX News*. I’ve appeared on ABC’s 20/20, Good Morning America, the CBS Evening News, FOX & Friends, NPR, Good Day New York and in *Esquire*, *New York Magazine* and *Vanity Fair*. I have also appeared in several documentaries on the subject of mental health as an expert (including “Screened Out”,

A&Es “Digital Addiction” and A&E’s forthcoming documentary on young adult mental health: “Youth in Crisis”).

7. The research regarding the importance of facial recognition to psychological and developmental wellbeing is legion. Below is some relevant research on the topic including the negative impact of mask wearing:

Argaud, S., Verin, M., Sauleau, P., and Grandjean, D. (2018). Facial emotion recognition in Parkinson’s disease: a review and new hypotheses. *Mov. Disord.* 33, 554–567. doi: 10.1002/mds.27305

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Barrera, M. E., and Maurer, D. (1981). The perception of facial expressions by the three-month-old. *Child Dev.* 52, 203–206. doi: 10.2307/1129231

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Barrett, L. F., Adolphs, R., Marsella, S., Martinez, A. M., and Pollak, S. D. (2019). Emotional expressions reconsidered: challenges to inferring emotion from human facial movements. *Psychol. Sci. Public Interest* 20, 1–68. doi: 10.1177/1529100619832930

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Batty, M., and Taylor, M. J. (2006). The development of emotional face processing during childhood. *Dev. Sci.* 9, 207–220. doi: 10.1111/j.1467-7687.2006.00480.x

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Blair, R. (2003). Facial expressions, their communicatory functions and neuro–cognitive substrates. *Philos. Trans. R Soc. Lond. B Biol. Sci.* 358, 561–572. doi: 10.1098/rstb.2002.1220

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Boyatzis, C. J., Chazan, E., and Ting, C. Z. (1993). Preschool children’s decoding of facial emotions. *J. Genet. Psychol.* 154, 375–382. doi: 10.1080/00221325.1993.10532190

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Campbell, R., Walker, J., and Baron-Cohen, S. (1995). The development of differential use of inner and outer face features in familiar face identification. *J. Exp. Child Psychol.* 59, 196–210. doi: 10.1006/jecp.1995.1009

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Camras, L. A., and Allison, K. (1985). Children's understanding of emotional facial expressions and verbal labels. *J. Nonverbal Behav.* 9, 84–94. doi: 10.1007/BF00987140

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Carter, C. S., Barch, D. M., Gur, R., Gur, R., Pinkham, A., and Ochsner, K. (2009). CNTRICS final task selection: social cognitive and affective neuroscience-based measures. *Schizophr. Bull.* 35, 153–162. doi: 10.1093/schbul/sbn157

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Celani, G., Battacchi, M. W., and Arcidiacono, L. (1999). The understanding of the emotional meaning of facial expressions in people with autism. *J. Autism Dev. Disord.* 29, 57–66. doi: 10.1023/A:1025970600181

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Chladkova, K., Podlipsky, V. J., Nudga, N., and Simackova, S. (2021). The McGurk effect in the time of pandemic: age-dependent adaptation to an environmental loss of visual speech cues. *Psychon. Bull. Rev.* doi: 10.3758/s13423-020-01852-2 [Epub ahead of print]

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Chronaki, G., Hadwin, J. A., Garner, M., Maurage, P., and Sonuga-Barke, E. J. (2015). The development of emotion recognition from facial expressions and non-linguistic vocalizations during childhood. *Br. J. Dev. Psychol.* 33, 218–236. doi: 10.1111/bjdp.12075

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Chung, M. S., and Thomson, D. M. (1995). Development of face recognition. *Br. J. Psychol.* 86, 55–87. doi: 10.1111/j.2044-8295.1995.tb02546.x

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de Haan, M., and Nelson, C. A. (1997). Recognition of the mother's face by six-month-old infants: a neurobehavioral study. *Child Dev.* 68, 187–210. doi: 10.1111/j.1467-8624.1997.tb01935.x

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strategies in children and adults. *J. Clin. Exp. Neuropsychol.* 24, 200–213. doi: 10.1076/jcen.24.2.200.989

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Denham, S. A., Blair, K. A., DeMulder, E., Levitas, J., Sawyer, K., Auerbach-Major, S., et al. (2003). Preschool emotional competence: pathway to social competence? *Child Dev.* 74, 238–256. doi: 10.1111/1467-8624.00533

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Gotlib, I. H., Krasnoperova, E., Yue, D. N., and Joormann, J. (2004). Attentional biases for negative interpersonal stimuli in clinical depression. *J. Abnorm. Psychol.* 113, 121–135. doi: 10.1037/0021-843X.113.1.121

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Psychological and Physiological Consequences of Limited or Compromised Person to Person connectivity

8. In my clinic Omega Recovery, we have treated hundreds of teens and young adults with mental health issues—which we’ve seen exacerbated over the course of the last year and a half related to social, governmental, and societal responses to the Covid-19 virus. Some of those Covid-impacts are related to the isolation and depression that stems from quarantines, but I also believe—and the research suggests—that wearing masks for an extended period of time is also driving an increase in depression and self-harm.
9. Psychologically, wearing a facemask fundamentally has negative effects on the wearer and the nearby person. Basic human-to-human connectivity through facial expression is compromised and self-identity is somewhat eliminated.^{1 2 3} These dehumanizing

¹ Schneiderman N., Ironson G., Siegel, S.D. Stress and health: psychological, behavioral, and biological determinants. *Annu Rev Clin Psychol.* 2005;1:607–628. [PMC free article] [PubMed] [Google Scholar]

² Thoits P.A. Stress and health: major findings and policy implications. *J Health Soc Behav.* 2010;51(Suppl):S41–S53. [PubMed] [Google Scholar]

³ Haslam N. Dehumanization: an integrative review. *Pers Soc Psychol Rev.* 2006;10:252–264. [PubMed] [Google Scholar]

movements partially delete the uniqueness and individuality of the person wearing the facemask as well as the connected person.⁴

10. Social connections and relationships are basic human needs, which are innately inherited needs in all people, whereas reduced human to human connections are associated with poor mental and physical health (see fn 4).⁵
11. Despite escalation in technology and globalization that would presumably foster social connections, scientific findings show that people are becoming increasingly more socially isolated, and the prevalence of loneliness is increasing in last few decades (see fn 4).⁶ Poor social connections are closely related to isolation and loneliness and are considered significant health related risk factors (see fn 4-6).⁷
12. A meta-analysis of 91 studies of about 400,000 people showed a 13% increased mortality risk among people with low compared to high contact frequency (see fn 7). Another meta-analysis of 148 prospective studies (308,849 participants) found that poor social relationships were associated with 50% increased mortality risk. People who were socially isolated or felt lonely had 45% and 40% increased mortality risk, respectively. These findings were consistent across ages, sex, initial health status, cause of death and follow-up periods (see fn 6). Importantly, the increased risk of mortality was found comparable to smoking and exceeding well-established risk factors such as obesity and physical inactivity (see fn 6). An umbrella review of 40 systematic reviews including 10

⁴ Cohen S. Social relationships and health. *Am Psychol.* 2004;59:676–684. [PubMed] [Google Scholar]

⁵ Leigh-Hunt N., Baggaley D., Bash K., Turner V., Turnbull S., Valtorta N. An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health.* 2017;152:157–171. [PubMed] [Google Scholar]

⁶ Holt-Lunstad J., Smith T.B., Layton J.B. Social relationships and mortality risk: a meta-analytic review. *PLoS Med.* 2010;7 [PMC free article] [PubMed] [Google Scholar]

⁷ Shor E., Roelfs D.J. Social contact frequency and all-cause mortality: a meta-analysis and metaregression. *Soc Sci Med.* 2015;128:76–86. [PubMed] [Google Scholar]

meta-analyses demonstrated that compromised social relationships were associated with increased risk of all-cause mortality, depression, anxiety, suicide, cancer and overall physical illness (see fn 6).

13. As described by Dr. Daniel W. Stock, M.D., wearing facemasks causes hypoxic and hypercapnic state that constantly challenges the normal homeostasis and activates “fight or flight” stress response, an important survival mechanism in the human body. The acute stress response includes activation of nervous, endocrine, cardiovascular, and the immune systems (see fn 1-2).^{8 9} These include activation of the limbic part of the brain, release stress hormones (adrenalin, neuro-adrenaline and cortisol), changes in blood flow distribution (vasodilation of peripheral blood vessels and vasoconstriction of visceral blood vessels) and activation of the immune system response (secretion of macrophages and natural killer cells) (see fn 1-2).
14. Encountering people who are wearing facemasks activates innate stress-fear emotion, which is fundamental to all humans in danger or life-threatening situations, such as death or unknown, unpredictable outcome.
15. While acute stress response (seconds to minutes) is adaptive reaction to challenges and part of the survival mechanism, chronic and prolonged state of stress-fear is maladaptive and has detrimental effects on physical and mental health. The repeatedly or continuously activated stress-fear response causes the body to operate on survival mode, having

⁸ McEwen B.S. Protective and damaging effects of stress mediators. *N Engl J Med.* 1998;338:171–179. [PubMed] [Google Scholar]

⁹ McEwen B.S. Physiology and neurobiology of stress and adaptation: central role of the brain. *Physiol Rev.* 2007;87:873–904. [PubMed] [Google Scholar]

sustained increase in blood pressure, pro-inflammatory state and immunosuppression (see fn 1-2).

Emotional and Developmental Consequences of Mask Wearing

16. We are a hard-wired social species reliant on social cues for our optimal social-emotional growth and development. Being able to see facial expressions isn't merely a luxury, it's a psychological necessity to establish healthy emotional growth and development. Without this, children are not only adversely impacted developmentally as they don't "learn" appropriate facial and social cues, but neurophysiologically don't develop the mirror neurons that are essential for empathy and compassion.
17. Masks alter, inhibit and distort the context and meaning of the speech by hiding facial expressions and altering tone, the velocity and volume of speech.
18. Facial expressions made while speaking are inexorably linked to the content and meaning of speech and its message.
19. Masks thus interfere with, inhibit, alter and distort the ability of speakers to properly communicate their message and listeners to properly perceive the message of the speaker.
20. Masks (because they obscure the mouth) force the user to speak louder and slower to be understood. The tone, velocity and volume of speech are inexorably linked to the meaning of the message.
21. Masks, thus interfere, inhibit, alter and distort the ability of the speaker to properly communicate and listeners to properly perceive the message of the speaker.
22. Covering the lower half of the face of children in the classroom setting is also damaging from a Social Learning Theory perspective. We know that children learn and develop by mimicking adult models (i.e. teachers, parents, etc.). This is an essential tool in learning

and developing non-verbal communication. However, absent those facial cues, a child will be stunted in their ability to recognize smiling and laughter as positive emotions and negative emotions will thus also be amplified.

23. Lessons learned or improperly associated in childhood are not equally learnable later in life with the same stimulation, as they do not occur with the other original stimulations that must be learned with them.
24. We also know that face-to-face contact (where faces can be seen) is essential in establishing bonding—both between students and teachers and children and parents. This lack of bonding hurts the child emotionally and also inhibits trusting and effective communication between student and teacher.
25. Reading facial cues is evolutionarily hard-wired into our species to determine friend-or-foe as an essential factor in our survival and safety. Studies have shown the importance of “reading” faces to establish trust. Absent that, a profile of mistrust and fear is developed. Studies also suggest that this increases depression and anxiety. And increased rates of depression also correlate with increased episodes of anti-social behaviors and self-harm, including suicidality.
26. The current mental health metrics for our young people are the worst that we’ve seen on record: the highest rates of depression, anxiety and suicide. These negative mental health outcomes are only amplified by the negative psychological impact of masks. In my professional opinion, this psychological and developmental harm is greater than any potential harm that children may experience from Covid as they are not significant vectors of the Covid virus. And even then, the research is sparse regarding the efficacy of

masks in preventing the spread of Covid. Thus, when we are mandating mask-wearing for children, the so-called “cure” is worse than the potential of the virus.

27. I reserve the right to supplement this declaration in writing or through oral testimony up to and through the time of a hearing. Supplementation will include testimony and evidence that expands upon the contents of this affidavit as well as necessary information outside of the four corners of this declaration.

On this 27th day of September, 2021, I, Nicholas Kardaras, pursuant to 28 U.S.C. §1746, declare that I have read the foregoing declaration and the same is true to my own knowledge, except as to matters therein stated to be alleged on information and belief, and as to those matters, I believe them to be true.

/s/ Nicholas Kardaras

Nicholas Kardaras, Ph.D.

EXHIBIT A

Nicholas Kardaras, Ph.D., LCSW

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Curriculum Vitae

Education:

Ph.D., Sofia University, 2007

Palo Alto, California

M.S.W., Stony Brook University, 2003

Stony Brook, New York

B.S., Cornell University, 1986

Ithaca, New York

Licenses: Licensed Psychotherapist in NY, Texas and Hawaii.

Experience:

CEO/Chief Clinical Officer: Omega Healthcare Group (Omega Recovery, Austin; Maui Recovery, Hawaii), November 2017-Present

CEO of Behavioral Healthcare company that includes a residential drug and alcohol rehab in Maui, HI, and a 40 Bed treatment program in Austin TX. Responsible for all clinical programming and strategic growth and marketing of the company. Company specializes in millennial mental health and addiction, existential crises, as well as pioneering technology addiction programs. www.omegarecovery.org

Founder: The National Institute for Digital Health and Wellness, 2019-Present

Founding board member of 501(c)3 Not-for-Profit Institute devoted to creating programming and raising awareness around technology use and overuse.

Mission: Helping “Human Beings Being Human”. www.nidhw.org

Assistant Professor: Stony Brook Medicine/School of Social Work, 2007-2015

Assistant Professor with advisee caseload; taught graduate students in both larger lecture hall classes as well as smaller practice classes. Classes taught included: Human Behavior in the Social Environment; Overview of Substance Abuse; Individual, Group, and Family Treatment of Addiction; Advanced Clinical Practice with Groups.

Professor: Institute of Transpersonal Psychology, Doctoral Program, 2009-2015

Doctoral Program that integrates Philosophy, Psychology and Comparative Religions. Classes taught included: Philosophical Issues in Transpersonal Psychology; Self, Collective and Global Psychologies; Theories of Personality; Beginning Practicum; Contemporary and Wisdom Psychologies; Neuropsychology.

Executive Director/Clinical Director: The Dunes East Hampton,

Dec 2011-Nov. 2017

ED and Clinical Director of internationally renowned drug and alcohol treatment center. Responsible for clinical training, supervision and development of all clinical aspects of progressive residential treatment program. Worked closely with clinical team in creating comprehensive and progressive treatment model.

Psychotherapist:

In private practice, 2003- Present

Provide psychotherapy to individuals and families.

Presentations:

Keynote speaker and **presenter** at numerous national and international conferences on mental health and/or addiction. Have presented in: London, Athens, New Zealand, Maui, and at prestigious venues such as the Commonwealth Club in San Francisco and the Colony Club in NY.

Expert Witness: Have been certified as an expert witness and given testimony in NY State Supreme Court as well as Palm Beach County, FL Criminal Court.

TEDx Talk: Presented on Victor Frankl, Near Death Experiences, and the Quest for Meaning.

Selected to present doctoral dissertation at the **2007 American Psychological Association** (APA) Conference in San Francisco. Category: Humanistic Psychology. Developed *Methodos Philosophia* whereby ancient Greek philosophy was used as praxis/experiential self-growth method.

Publications/Media:

Author of ***How Plato and Pythagoras Can Save Your Life*** (Weiser/Conari Press, 2011). Written as an accessible exploration of Greek Metaphysical Philosophy.

Author of Best-Selling ***Glow Kids: How Screen Addiction is Hijacking our Kids*** (St. Martin's Press, 2016). *Glow Kids* has now been translated into 10 languages.

Currently working on a new non-fiction book for St. Martin's Press: ***Digital Dystopia***, which explores how (oftentimes ethically challenged) 21st century technology, including AI, is impacting our species.

Have appeared on: *Good Morning America, CBS Evening News, PBS, FOX & Friends, ABC's 20/20, BBC, NPR*, and several other TV, radio and print outlets both nationally and internationally.

Have been published in: *Scientific American; TIME Magazine; Psychology Today; Huffington Post; Salon; Esquire; The NY Daily News.*

Additional Information:

Black Belt in Washin Ryu Karate/1985 National A.A.U. Karate Champion. Fluent in Greek. Mindfulness teacher.